

Mississippi State and School Employees' Health Insurance Plan

UNDERSTANDING THE OUT-OF-POCKET LIMIT FOR SELECT COVERAGE

THE OUT-OF-POCKET LIMIT DOES NOT INCREASE YOUR CURRENT IN-NETWORK MEDICAL DEDUCTIBLE OF \$1,000 FOR SINGLE AND \$2,000 FOR FAMILY COVERAGE.

THE OUT-OF-POCKET LIMIT DOES NOT INCREASE YOUR CURRENT IN-NETWORK INDIVIDUAL MEDICAL COINSURANCE MAXIMUM OF \$2,500.

There has been some confusion about the out-of-pocket limit that became effective January 1, 2014. Please note that this limit in no way increases your calendar year deductible or your coinsurance maximum. In fact, the out-of-pocket limit is an improvement in your benefits as it caps your annual financial responsibility!

For example, currently your prescription drug deductible (\$75) and your prescription drug copayments (\$12, 45, 70) are not limited. In other words, even after you meet your calendar year coinsurance maximum, you still pay prescription drug deductibles and copayments out of your pocket. Now, these expenses will be applied to the out-of-pocket limit.

The annual out-of-pocket limits of \$6,350 for self only coverage, and \$12,700 for family coverage, are required by the **Patient Protection and Affordable Care Act** (**PPACA**) to provide financial protection for health insurance participants. Out-of-pocket costs subject to these maximums include deductibles, coinsurance, and copayments for in-network providers (including emergency room copayments, private hospital room copayments, and prescription drug copayments). The annual limit does not include premiums, non-covered services, balance-billing amounts, or cost sharing for out-of-network providers.